

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL N°

FILING DATE

09/529028

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		2		2		
5		0		0		
6		0		0		
7		0		0		
8		2		2		
9		0		0		
10		0		0		
11		0		0		
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49						/
50						/
TOTAL IND.	2		2		2	
TOTAL DEP.	13		13		28	
TOTAL CLAIMS	15		15		30	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						